

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type of print in ink

FILE

CALIFORNIA
2001/02
FORM **460**

JUL 31 2004

Statement covers period
from 01/01/04
through 06/30/04

Date of election if applicable
(Month Day Year)

By Jim Silva Deputy Registrar of Voters

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee *All committees - Complete Parts 1, 2, 3, and 4.*

- | | |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate, Controlled Committee | <input type="checkbox"/> Ballot Measure Committee |
| <input type="checkbox"/> State Candidate Election Committee | <input type="checkbox"/> Primarily Formed |
| <input type="checkbox"/> Recall | <input type="checkbox"/> Controlled |
| <i>(Also Complete Part 4)</i> | <input type="checkbox"/> Sponsored |
| <input type="checkbox"/> General Purpose Committee | <input type="checkbox"/> Primarily Formed Candidate |
| <input type="checkbox"/> Sponsored | <input type="checkbox"/> Officeholder Committee |
| <input type="checkbox"/> State Contributor Committee | <i>(Also Complete Part 4)</i> |
| <input type="checkbox"/> Political Party/Candidate Committee | |

2. Type of Statement

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input checked="" type="checkbox"/> Semi-Annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 460 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

JIM SILVA FOR SUPERVISOR

STREET ADDRESS (NO PO BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS (IF DIFFERENT, NO AND STREET OR PO BOX)

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX/E-MAIL ADDRESS _____

Treasurer

NAME OF TREASURER

Donna Silva

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

NAME OF ASSISTANT TREASURER (IF ANY)

MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL FAX/E-MAIL ADDRESS _____

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/30/04 Date

Executed on 07/30/04 Date

Executed on _____ Date

Executed on _____ Date

By Jim Silva
Signature of Candidate/Officeholder/Candidate
By Donna Silva
Signature of Treasurer/Candidate/State Measure Proponent
By _____
Signature of Candidate/Officeholder/Candidate/State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Silva

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/04
through 06/30/04

CALIFORNIA
FORM **460**

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIM SILVA FOR SUPERVISOR

I.D. NUMBER

930371

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>7,800.00</u>	\$ <u>7,800.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>7,800.00</u>	\$ <u>7,800.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>7,800.00</u>	\$ <u>7,800.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>9,164.97</u>	\$ <u>9,164.97</u>
7. Loans Made Schedule H, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>9,164.97</u>	\$ <u>9,164.97</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
10. Nonmonetary Adjustment Schedule G, Line 3	\$ <u>-0-</u>	\$ <u>-0-</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>9,164.97</u>	\$ <u>9,164.97</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>139,488.57</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>7,800.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>-0-</u>
15. Cash Payments Column A, Line 8 above	\$ <u>9,164.97</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>138,123.60</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>-0-</u>
---	---------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>-0-</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>01/01/04</u> through <u>06/30/04</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>10</u>
I.D. NUMBER 930371	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIM SILVA FOR SUPERVISOR

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	See attached page <u>5</u> for itemization of Sch A	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 7,800.00

2. Amount received this period - unitemized contributions of less than \$100 \$ -0-

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 7,800.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

SCHEDULE A CALIFORNIA FORM 460....PAGE 5 THRU 10

MONITARY CONTRIBUTIONS RECEIVED

Statement covers period from 01/01/04 THRU 06/30/04

JIN SILVA FOR SUPERVISOR - ID# 930371

DATE RECEIVED	NAME AND ADDRESS OF CONTRIBUTOR CMTE ID# OR TREASURER'S NAME & ADDRESS	CODE	OCCUPATION AND EMPLOYER	AMOUNT REC'D THIS PERIOD	CUMULATIVE YTD CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (If Required)
04-04/30	The Irvine Company [REDACTED] [REDACTED]	Oth		1400.00	1400.00	1400.00
04-06/30	California Pacific Homes [REDACTED] [REDACTED]	OTH		1000.00	1000.00	1000.00
04-06/30	Shea Homes [REDACTED] [REDACTED]	OTH		1000.00	1000.00	1000.00
04-06/30	Fieldstone Communities, Inc. [REDACTED] [REDACTED]	OTH		1000.00	1000.00	1000.00
04-06/30	Warwington Homes California [REDACTED] [REDACTED]	OTH		1000.00	1000.00	1000.00
04-06/30	Leing Luxury Homes [REDACTED] [REDACTED]	OTH		1000.00	1000.00	1000.00
04-06/30	William Lyon Homes, Inc. [REDACTED] [REDACTED]	OTH		1400.00	1400.00	1400.00
*** Total ***				7800.00		

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

Statement covers period from <u>01/01/04</u> through <u>06/30/04</u>		SCHEDULED CALIFORNIA FORM 460 Page <u>6</u> of <u>10</u>
NAME OF FILER JIM SILVA FOR SUPERVISOR		I.D. NUMBER 930371

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/10/04 3/30/04	Republican Party of Orange County ID# 742088	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00 50.00	1,050.00	n/a
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$ 1,050.00						

Schedule D Summary

- Contributions and Independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 1,050.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ -0-
- Total contributions and Independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 1,050.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>01/01/04</u> through <u>06/30/04</u>		CALIFORNIA FORM 460
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NAME OF FILER JIM SILVA FOR SUPERVISOR		I.D. NUMBER 930371

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
See attached pages <u>8</u> thru <u>10</u> for itemization of Sch E			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>7,550.26</u>
2. Unitemized payments made this period of under \$100	\$ <u>1,614.71</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>-0-</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>9,164.97</u>

Schedule E California FORM 460.....PAGE 8 OF 10
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 01/01/04 through 06/30/04
 Jim Silva for Supervisor - ID#930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Visa [REDACTED] [REDACTED]	OFC		487.55
Vendor: Nieuport 17 Restaurant...\$214.28 [REDACTED] [REDACTED]	OFC		
Visa [REDACTED] [REDACTED]	OFC	No vendor exceeding \$99.99	298.16
Republican Pary of Orange County - ID# 742088 [REDACTED] [REDACTED]	CTB		1000.00
Freedom Foundation at Valley Forge [REDACTED] [REDACTED]	CVC		200.00
Cypress College Foundation [REDACTED] [REDACTED]	CVC		200.00
Bolsa Chica Conservancy [REDACTED] [REDACTED]	CVC	Dues	100.00
Huntington Beach Chamber of Commerce [REDACTED] [REDACTED]	CVC		100.00
Subtotal:			2,385.71

PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE

Statement covers period from 01/01/04 through 06/30/04

Jim Silva for Supervisor - ID#930371

NAME & ADDRESS OF PAYEE or CREDITOR
(If Committee, also enter I.D. number)

CODE

DESCRIPTION OF PAYMENT

AMOUNT PAID

Visa

OFC

Vendors exceeding \$99.99 list below:

710.61

Vendor: Nimi's Cafe....\$127.28

OFC

Vendor: Riviera Restaurant.....\$101.35

OFC

Huntington Harbour Republican Women Federated

CVC

200.00

Republican Party of Orange County- ID#742088

CTB

50.00

Visa

no vendor exceeding \$99.99

451.50

Steinberg & Associates

POL

1500.00

Visa

Vendor exceeding \$99.99 listed below:

670.56

Subtotal: 3,582.67

Schedule E California FORM 460.....PAGE 10 OF 10
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 01/01/04 through 06/30/04
 Jim Silva for Supervisor - ID#930371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committe, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
--	------	------------------------	-------------

Vendor: Frontier Airlines.....\$253.70

TVL 6/01-Santa Ana to Denver

Ray Silvers Retirement Dinner

OFC

100.00

USPS

POS

226.43

Visa

Vendors exceeding \$99.99 listed below:

1030.45

Vendor: Aramark Angel Stadium Restaurant...\$224.46 OFC

Vendor: Robinson-May....\$300.00

OFC

Vendor: Mimi's Cafe.....\$140.13

OFC

Friends of CA Employer Support of the Guard&Reserve CVC

225.00

Subtotal: 1,581.88